

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

18/559,502

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
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12		2		1		
13		2		1		
14		2		1		
15		2		1		
16	1		1			
17		1		1		
18		1		1		
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		3		1		
26		3		1		
27		20		1		
28		0		1		
29		3		1		
30		3		1		
31		3		1		
32		3		1		
33		3		1		
34		3		1		
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36		3		1		
37		3		1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						